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## FACSIMILE COVER SHEET

Date: <b>October 1, 2003</b>	Client & Matter Number: <b>18865-000800</b>	No. Pages (including this one): <b>2</b>
To: <b>Ms. M. Talley USPTO - Decisions and Certificates of Correction Branch</b>	At Fax Number: <b>703-308-6672</b>	Confirmation Phone Number: <b>703-305-8908</b>

From: Deborah Bullock

(4557)

Re: USPN 6,316,806 B1

Dear Ms. Talley:

*Reconsideration*

Per our telephone conversation of this morning - thanks so much for all your assistance in straightening this out!

Regards,

*Deborah Bullock*

Deborah Bullock  
Assistant to Babak S. Sani

/db

60051207 v1

Original Will:	BE SENT BY MAIL	BE SENT BY FEDEX/OVERNIGHT COURIER	BE SENT BY MESSENGER	X	NOT BE SENT
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60051207 v1

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0551-0031

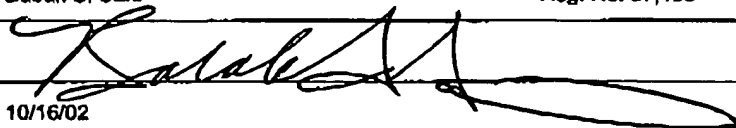
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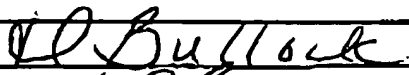
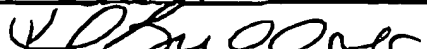
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/282,274
		Filing Date	March 31, 1999
		First Named Inventor	MO
		Group Art Unit	2811
		Examiner Name	S. Hu
Total Number of Pages in This Submission	4	Attorney Docket Number	018865-000800US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard, Request for Certificate of Correction under Rule 323, Certificate of Correction
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP	
	Babak S. Sani	Reg. No. 37,495
Signature		
Date	10/16/02	

## CERTIFICATE OF MAILING

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SF 1396902 v1

PTO/SB/17 (11-01)

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**FEE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 100

## Complete If Known

Application Number	09/282,274
Filing Date	March 31, 1999
First Named Inventor	MO
Examiner Name	S. Hu
Group Art Unit	2811
Attorney Docket No.	018865-000800US

## METHOD OF PAYMENT (check all that apply)

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## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
109	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)

(\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fees from below	Fee Paid
Independent Claims			
Multiple Dependent			

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

\*For number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
136	1,510	136	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	60	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Sheet	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) Request for Certificate of Correction

100.

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$)100

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)

Babak B. Sarl

Registration No. (Attorney/Agent)

37,195

Telephone

415-576-0200

Signature

Date

10/16/02

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PTO/SB/44 (02-01)

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(Also Form PTO-1050)

## UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

PATENT NO : 6,316,806 B1  
DATED : November 13, 2001  
INVENTOR(S) : Brian Sze-Ki Mo

It is certified that error appears in the above-identified patent and that said Letters Patent are hereby corrected as shown below:

In Figure 5, "90 DEG." should be --180 DEG.--

At column 2, line 24, "90 degrees" should be --180 degrees--

At column 6, line 66, "90 degrees" should be --180 degrees--

MAILING ADDRESS OF SENDER: Babak S. Sanl  
Townsend and Townsend and Crew LLP  
Two Embarcadero Center, 8th Floor  
San Francisco, CA 94111-3834

PATENT NO. 6,316,806

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SF 1396681 v1